

PINE PLAINS CENTRAL SCHOOL DISTRICT

TRANSPORTATION DEPARTMENT

Updated COVID-19 2020-2021 School Year

Annual Request for Transportation to a Non-Public School

Note: To be eligible for transportation, children must be five (5) years of age on/or before December 1st of the school year in which transportation is provided. A copy of a birth certificate must be provided for Kindergarten students. Your child must also be registered with Pine Plains School District to receive district services, including transportation. Masks are to be worn on buses at all times. A transportation request must be submitted for each student prior to busing. Capacity restrictions on buses will impact seating assignments.

Name of School Requested			Start Time	Dismissal
Street Address			Early Dismissal	Day
City	State	Zip	Phone Number	
TRANSPORTATION REQUEST (circle one)		AM ONLY	PM ONLY	BOTH

STUDENT INFORMATION

Last Name	First	MI	Date of Birth	
Street Address			Grade Student Entering	
City	State	Zip	<input type="checkbox"/> M	<input type="checkbox"/> F

Please note: It is your responsibility to provide accurate information so that the district can schedule routes and determine budgetary needs. Mileages of 15 and under and filing before April 1st determines eligibility. Once a route has been established based on eligibility, late applicants will be added to existing stops. Any address change from the previous year or new applicants may require proof of residency. All routes are subject to changes for safety and efficiency throughout the year.

Parent/Guardian Names: Mother _____ (Please Print) Father _____ (Please Print)

Home Phone: (____) _____ Mother's Work #: (____) _____ Mother's Cell #: (____) _____

Home Phone: (____) _____ Father's Work #: (____) _____ Father's Cell #: (____) _____

Email Address 1. _____ 2. _____

Do you want your home phone number to be included in our emergency automated phone call system? YES NO

EMERGENCY CONTACT - OTHER THAN PARENT OR LEGAL/CUSTODIAL GUARDIAN

Contact Name: _____ Relationship to Student: _____
Friend, neighbor, other

Home Phone #: (____) _____ Work Phone #: (____) _____ Cell Phone #: (____) _____

Signature of Parent/Guardian: _____ Date Submitted _____

FOR DISTRICT TRANSPORTATION USE ONLY

	Postmark Date: _____
	Mileage: _____
	Received By: _____
	Request (circle one): APPROVED DENIED
	Reason: _____
Signed: _____	Supervisor of Transportation
	Superintendent of Schools (Only if Denied)

SUBMIT COMPLETED FORM TO:

Pine Plains Central School District
Transportation Department
2829 Church Street
Pine Plains, NY 12567

Phone: (518) 398-3000 ext. 3115
Fax: 518-398-1140
E-mail: bus.routes@ppcsd.org

TRANSPORTATION **WILL NOT** BE PROVIDED ON DAYS WHEN **BOTH** PINE PLAINS SCHOOLS **AND** OFFICES ARE CLOSED. PLEASE CHECK OUR SCHOOL CALENDAR FOR CLARIFICATION.